LITH ITY

DATENT APPLICATION	First Inventor or Application Identifier: Torsten A. Staab					
PATENT APPLICATION	itle: HANDHELD APPARATUS FOR AUTOMATED MULTIPURPOSE SAMPLE					
TRANSMITTAL	COLLECTION AND REGISTRATION					
	Express Mail Label No.: ER311841398US					
APPLICATION ELEMENTS	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450					
1. * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing)	6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)					
2. Applicant claims small entity status. See 37 CFR 1.27.	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy					
 ☑ Descriptive title of the Invention ☐ Cross References to Related Application ☑ Statement Regarding Fed sponsored References 	b. Specification Sequence Listing on: i.					
Reference to sequence listing, a table	ACCOMPANYING APPLICATION PARTS					
or a computer program listing appendix Background of the Invention	8. Assignment Papers (cover sheet & documentation)					
☑ Brief Description of the Drawings (if filed☑ Detailed Description☑ Claim(s)	9. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney					
 Abstract of the Disclosure Drawings(s) (35 U.S.C.113)[Total Sheets: 6] 	10. ☑ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations					
⊠ Formal ☐ Informal	11. Preliminary Amendment					
5. Declaration & Power of Attorney [Total Pages: 2]	12. Return Receipt Postcard (MPEP 503) (should be specifically itemized)					
a. Newly executed (original or copy)	13. Certified Copy of Priority Document(s)					
b. Copy from a prior application (37 C.F.R§.63(d) (for continuation/divisional with Box 16 completed)	(if foreign priority is claimed) 14. ☐ Nonpublication Request and Certification Under 35 U.S.C.					
c. DELETION OF INVENTOR(S) Signed statement attached deleting	122(b)(2)(b)(i)					
inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).	15. Other:					
16. If a CONTINUING APPLICATION, check appropriate	e box, and supply the requisite information below and in a preliminary amendment:					
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application S.N. S-100,593.						
Prior application information: Examiner:	Group/Art Unit:					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosions idered a part of the disclosure of the accompanying continuation only be relied upon when a portion has been inadvertently omitted.	ure of the prior application, from which an oath or declaration is supplied under Box 4b, is tion or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> from the submitted application parts.					
	RRESPONDENCE ADDRESS					
☑ Customer Number 35068	OR Correspondence Address Below					
35068						
(Insert Customer No. or Attach Bar Code Label here)						
Name: Mark N. Fitzgerald						
Address: Los Alamos National Laboratory, LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code: 87545						
Country: Unit d States Tejephopie: (505) 665-5187 Fax: (505) 665-4424						
Name: Mark N. Fjtzger ald Registration No.: 48,300						
Signature:	Date: 11/24/03					

Attorney Docket No.: S-100,593



FEE TRANSMITTAL For FY 2004

Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)

C	omplete if Known	
Application Number:		
Filing Date:		
First Named Inventor:	Torsten A. Staab	
Examiner Name:		
Group/Art Unit:		
Attorney Docket No.:	S-100.593	

METHOD OF PAYMENT			FEE CALCULATION (continued)	
The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under	3. ADDI Large Entity Fee	TIONAL F Small Entity Fee	Fee Description	For Poid
37 C.F.R. 1.16 and 1.17 ☑ Applicant claims small entity status.		\$130 \$65 Surcharge – late filing fee or oath		Fee Paid
See 37 CFR 1.27	\$50	\$25	Surcharge – late provisional filing fee or cover sha	eet
FEE CALCULATION		\$2,520 \$2,520 For filing a request for reexamination		
	\$110	\$55	Extension for reply within first month	
1. BASIC FILING FEE	\$420	\$210	Extension for reply within second month	
Large Entity Small Entity	\$950	\$475	Extension for reply within third month	
Fee Fee Fee Description Fee Paid \$770 \$385 Utility filing fee 385.00	\$1,480	\$740	Extension for reply within fourth month	
\$770 \$385 Reissue filing fee	\$2,010	\$1,005	5 Extension for reply within fifth month	
\$160 \$80 Provisional filing fee	\$330	\$165	Notice of Appeal	
SUBTOTAL (1) \$385.00	\$330	\$165	Filing a brief in support of an appeal	
	\$290	\$145	Request for oral hearing	
	\$110	\$55	Petition to revive – unavoidable	
	\$110	\$55	Terminal Disclaimer	
	\$1,330	\$665	Petition to revive – unintentional	
	\$130	\$130	Petitions to the Commissioner	
2. EXTRA CLAIM FEES	\$ 50	\$50	Petitions related to provisional applications	
Extra Fee from Fee Paid	\$ 180	\$180	Submission of Information Disclosure Statement	
Claims Below Total Claims 24 -20** = 4 X 9 = 36.00 Independent 3 -3 ** = 0 X 0 = 0	\$770	\$385	Filing a submission after final rejection (37 CFR 1.129 (a))	
Claims Multiple Dependent =	\$770	\$385	For each additional invention to be examined (37 CFR 1.129(b))	
** or number previously paid, if greater; For Reissues, see below	\$100	\$100	Certificate of Correction	
Large Small Entity Entity Fee Fee Fee Description	\$300	\$300	Publication fee for early, voluntary, or normal publication	
\$18 \$9 Claims in excess of 20 \$86 \$43 Independent claims in excess of 3 \$290 \$145 Multiple dependent claim, if not paid.	\$770	\$385	Request for Continued Examination (RCE)	
\$86 \$43 ** Reissue independent claims	Other fee	e (specify)		
over original patent \$18 \$9 ** Reissue claims in excess of 20			SUBTOTAL (3)	\$0
\$18 \$9 ** Reissue daims in excess of 20 and over original patent		Reduced by Basic Filing Fee Paid		
SUBTOTAL (2) \$36			SUBTOTAL FROM 1 SUBTOTAL FROM 2 SUBTOTAL FROM 3	\$385 \$36 \$0
	,		TOTAL AMOUNT OF PAYMENT	\$421

SUBM/TTE/D BY /				Complete (if applicable)	
Printed Name:	Mark N. Fitzgerald			Reg. No.	48,300
Signature:	111111111111111111111111111111111111111	1	Date: 11/24/03	Telephone	(505) 665-5187